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Tambalan

30 years of working for people's health and social change

CBHP Newsletter January - June 2004

State of mental health in distress

The country's worsening socio-economic and political condition is taking its toll on the people's mental health. For health professionals and health workers who are working directly with the marginalized, this is a grim reality that must be confronted everyday.

According to the Philippine Council for Health Research and Development (PCHRD), one in every 100 Filipinos has a mental health problem. The poor, as usual, bear the brunt of the problem. Experts agree that the marginalized sector is the most vulnerable. "Constant exposure to severely stressful events, dangerous living conditions, exploitation, and poor health in general all contribute to the greater vulnerability of the poor. The lack of access to affordable treatment makes the course of the illness more severe and debilitating leading to a vicious circle of poverty and mental health disorders that is rarely broken," said the PCHRD.

Addiction

A large number of the population turn to substance abuse to escape their stressful lives, realizing too late that it would only worsen their problems.

Addiction has many forms, but the most dangerous is drug addiction. The Philippine Drug Enforcement Agency (PDEA) put the number of drug users at 3.4 million, 1.8 million of whom are habitual users. But these are conservative estimates as the PDEA said that these are based on the number of those who voluntarily went to rehabilitation centers or those who were arrested on drug-related offences.

The drug menace has tightened its stranglehold even in the provinces. During the 8th General Assembly of the Council for Health and Development, some programs have mentioned drug addiction as a growing problem in their communities. Sister Estrelle of CBHP Canossa – Silang said that in just eight months, they have attended to eight mental health patients; most of the cases were drug-induced.

The primary drugs of choice are "shabu" or methamphetamine hydrochloride and marijuana. Rugby and cough syrup are the preferred drugs among street children since these are relatively cheaper. Among the wealthy set, the so-called designer drugs like Ecstasy are in.

The rise in criminality, such as robbery and even rape, has been blamed on these mind-altering drugs.

Combating the drug menace is a Herculean task, especially since many government officials and law enforcers themselves benefit from the illicit trade. Arrested drug lords

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are paraded on national television, but they can easily go scot-free after greasing the hands of corrupt officials. In some cases, those who are arrested and imprisoned continue their trade right inside the prison. In an interview, one former inmate at the Bilibid prison said that he could easily earn a few thousand pesos every month by cooking shabu right inside the prison. A convicted Chinese drug lord run the "factory".

Another equally worrisome addiction is smoking. Thirty-four percent of the population are smokers and youngsters account for a huge chunk of it. Smoking is a growing public health concern, especially in developing nations. Cigarette companies are targeting developing nations since developed nations have applied stringent rules to significantly reduce tobacco-consumption.

War and trauma

The unresolved economic rut we are in and the governmment's negligence and indifference to the people only stirred their awareness of the need to unite. Left with no recourse, they are starting to be more assertive of their right to a decent life. The response of the government, however, has been to wage war to silence the people. Aside from the killing and maiming, civilians caught in armed conflicts also experience psychological and emotional stress as well. Intensified militarization has extracted a huge psychological cost on the population. For victims of militarization, their pain is doubled with the knowledge that the people who are supposed to protect them are the ones who are subjecting them to physical and emotional tortures.

Dr. Reynaldo Lesaca, a psychiatrist, noted that the number of patients referred to him by CHD and other organizations have surged to 40 - up from 10 to 15 the previous years. Most of the patients came from the Southern Tagalog region – a virtual laboratory of the military's psychological warfare.

The effects of state-sponsored violence is particularly harsh on children. The Children's Rehabilitation Center (CRC), a non-government organization that provides assistance to traumatized children, said that there are many forms of state-sponsored violence. These include grave threats, arrest and detention, forced evacuation, demolition and even massacre. In some cases, children have witnessed how their parents have been arrested or brutally killed.

"Children exposed to militarization live in constant state of stress. Fear and apprehension are predominantly involved in most situations and relationships," said the CRC in its website. These fears range from mere sight of uniformed personnel, loud banging noise such as thunder, and uncertainty of the future.

For children whose parents have been arrested or summarily executed, the trauma runs deeper as they also have to contend with the thought of what their parents had done.

"Some children suffer emotional disorders and maladjustments like excessive dependency on parents due to insecurity; excessive fantasizing; sleep disturbances like insomnia and nightmares; regression in toilet habit, routines, school performance and social integration; and aggression," said the CRC.

Even more worrisome, exposure to such traumatic incidences gave the children negative values. They became more passive and in some cases, were driven to violence too.

Miltarization also imperils health work in some areas where CBHPs operate. CBHP staff and community health workers

Children exposed to militarization live in constant state of stress. Fear and apprehension are predominantly involved in most situations and relationships.

experience harassments. There are some member-programs whose offices have been raided even without search warrants, disrupting the clinic's operations and depriving the communities of much needed health services. Many community health workers and CBHP staff have been threatened.

Two years ago, the staff and CHW of AHP - Butuan were harassed by elements of the 20th IB and 401st IB 4th ID while conducting a house-to-house visit for the community profile. While doing the interview, a member of the battalion approached a staff and asked her to go to the house of the barangay chairperson. Together with two other staff, they went to the house where they found the chairperson and another CHW. The chairperson and the head of the infantry division, a certain Sgt. Garcia, then interrogated them and checked the survey form they were using. The men also asked for their identification card and the purpose of their visit. The next day, the residents told them that the operation was done intentionally for the AHP staff since there were alleged intelligence reports that three rebel leaders were about to visit the barangay that day.

There are also a lot of black propaganda and red-baiting against CBHPs. In Nueva Ecija, CBHPs have been labeled as "legal NPAs." In another incident, residents of a barangay in Isabela have been asked by the military to sign a blank paper and they were asked not to join CBHPs anymore.

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CBHPs hold 8th GA

Community-based health programs (CBHPs) have been a part of the struggle for social justice, and 30 years after the grassroots approach to health care has been founded, its practitioners continue to be in solidarity with the people.

To chart their path for the next two years, member-programs of the Council for Health and Development held their 8th General Assembly on January 2004.

The gains and strengths of CBHPs for the past 30 years were presented by Dr. Naty Castro of Butuan. To sum up her report, CBHPs have been effective in delivering medical services to the people and in assisting in organization-building.

CHD executive director Dr. Eleanor Jara then outlined the programs' prospects. These are 1) to continue with what the programs have started and 2) to continue reaching out to the health committee of people's organizations (P.O). She noted that the skills of CHWs and staff have vastly improved. She also said that POs are now forming their own health committees and CBHPs should be ready to provide assistance. According to Jara, the growing numbers of health committees would eventually lead to a people-managed health care.

During the GA, five new programs were also approved. These were the

SIPAG KO, which operates in two municipalities in Albay; Center for Environment and Development Services serving the fisherfolks of two communities in Bulacan; Nagkakaisang Naninirahan sa North Triangle, which provides health services to the urban poor residents of Barangay Pag-asa in Quezon City; Sandiwaan, which provides services to nine municipalities in Mindoro Occidental; and Bukluran, which serves two municipalities in Palawan. ❖

Health sector supports BM

As one of the party-lists that truly represent the people, the health sector lent its full support to the candidacy of Bayan Muna in the party-list election.

Teams were organized to campaign for BM in Manila, Quezon City and Parañaque. The teams were able to put up chapters in different communities and mobilized the members during the campaign period until the actual counting of votes in city levels.

BM representative Teddy Casiño joined the Kilos-Bayan para sa Kalusugan caravan, which passed through major thoroughfares in Metro Manila. In Baclaran, BM members composed of residents and pedicab drivers welcomed the caravan with a band.

Volunteers were also mobilized as poll watchers during the canvassing, up to the national level.

The hard work paid off as Bayan Muna topped the partylist election anew. True to its commitment in improving the health of the people, Bayan Muna inaugurated the mobile clinic which is administered by CHD. The mobile clinic is equipped with an X-ray machine. The van was facilitated through the office of Mayor Sonny Belmonte.

Bayan Muna Rep. Satur Ocampo also filed a resolution urging the House of Congress to conduct an inquiry into the state of government hospitals. The resolution stemmed from complaints of patients about the continuing commercialization of health care even in government hospitals.

Left: A group of community health workers from Parañaque joined the BM miting de avance.
Right: A father and son helped volunteers put up BM posters in a community

CHD, HAIN conduct propaganda training

People who have no prior experience in writing and public speaking can be effective propagandists if given the chance and the proper training. With this in mind, the Council for Health and Development, in partnership with Health Action Information Network and Health Link, conducted a propaganda training last July 29 to 31.

At the start of the training, they watched the video "Diagnosing Poverty," which features two community doctors in Bukidnon. The video served as an introduction to advocacy and advocacy work. Afterwards, the participants were able to come up with their definition of advocacy, which they defined as

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Health care providers in the barrio

By Dr. Erlinda Yap, VPHCS doctor

Folks flock to her home, some bringing kids with cough and fever. Nanay Luz gently applies massage and "lana" on certain parts of the body. Older children are asked to take "lagundi" decoction. For common ailments like cough, fever, diarrhea, stomachache, muscle pains and headache, she treats with either acupressure, herbal medicine and "hilot" or combines these traditional methods of healing with Western medicine like paracetamol for fever and Oresol for diarrhea. She takes her patients' blood pressure and temperature and weighs children. Cases which she cannot handle are referred to the health center or to the NGO that trained her.

In this far-flung barangay of Cagong-cagong in Alicia, Bohol, accessible by 45 minutes of "habal-habal" through unpaved mountain roads, Nanay Luz is considered a blessing to the people there. The nearest health center with a midwife is 30 minutes away on foot and the nearest physician is in the municipal health center.

Nanay Luz is one of the community health workers (CHW) trained by the Visayas Primary Health Care Services (VPHCS). There are more than 100 trained CHWs like her in various barangays in some ten municipalities in Bohol.

> ***...Nanay Luz and many other CHWs like her perform three indispensable roles - as health service provider, as health educator, and as community leader.***

CHWs form the core of community based health programs (CBHP) which have been established in various provinces nationwide to respond to the health needs of marginalized communities and enable people to take care of their immediate health needs.

An important role of CBHPs in assisting people's organizations is developing the knowledge, skills and capacity of CHWs to render health care services to the community residents.

Since April last year until recently, a series of basic health skills trainings (BHST) have been conducted by the VPHCS for more than 100 CHWs from several barangays in the following municipalities: Candijay, Trinidad, Ubay and Alicia of Bohol, and Barangays Ermita and Pasil in Cebu City.

The trainings followed a curriculum, depending on the diseases and health problems in the communities. In the BHST conducted, the topics included the following: national and local health situation, concept of health and disease, environmental health and hygiene, home remedies for common ailments, herbal medicine, acupressure, ventusa (Chinese form of healing), basic anatomy and physiology, maternal and child health care, vital signs, first aid, acute respiratory infection, and control of diarrheal diseases.

Aside from providing health services to the families, the CHWs also provide health education, prepare herbal medicine, encourage residents to participate in community activities on health, bring patients to clinics or hospitals, and facilitate community meetings to discuss relevant issues.

In summary, Nanay Luz and many other CHWs like her perform three indispensable roles - as health service provider, as health educator, and as community leader. ❖

APIRD Advisory

Attention all CHD member- programs

This is your chance to let other people know what you are doing!

CBHP Profile is a semi-regular column in Tambalan, featuring a specific community based health program and its activities.

We encourage all CBHPs to send us a brief description of the program (history,mission-vision,...), a profile of the areas where the program operates, some photographs, and the major activities undertaken. It does not have to be in paragraph form. Just send us the raw data and we will process it for you.

Data may be written in Filipino or English. You can send it by fax (02) 926-8536, or by e-mail (chd@pacific.net.ph)

CHD Pharmacy Advisory

The CHD Pharmacy offers medicines and medical supplies at very affordable prices. It accepts bulk and retail orders from Monday to Friday, 9 am to 6 pm. For inquiries or order placements, call 410-0311 (direct line) or 926-8536 (telefax). You may also send an e-mail to chdpharma@yahoo.com.

Military deprives Ilocos residents of health care

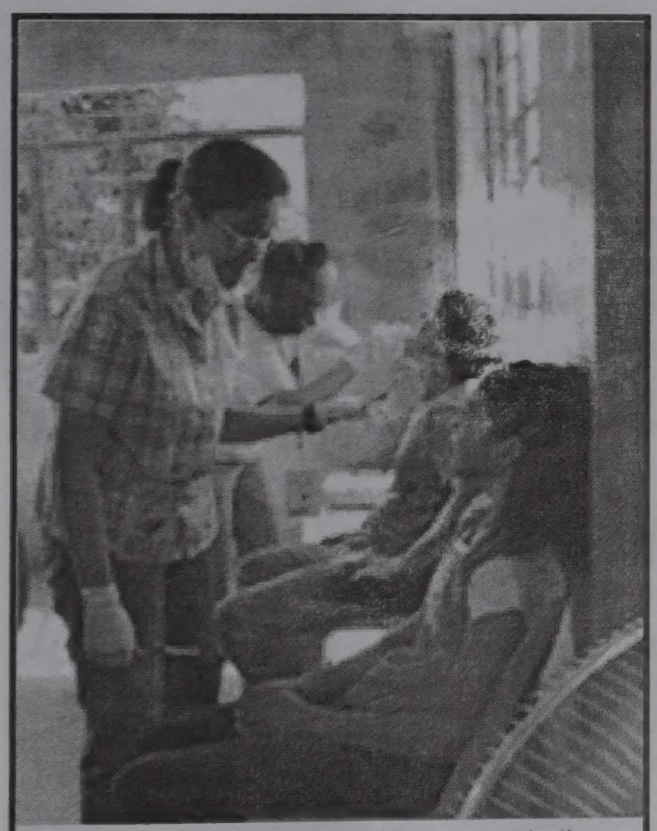
by Rachel Mariano, CHESTCORE

More than two thousand residents of Sta. Lucia, Ilocos Sur were deprived of free medical attention and medicine due to fear of being branded as New People's Army (NPA) supporters by the Re-engineered Special Operations Team (RSOT) of the Philippine Army based in the said area.

The residents were warned by the military not to avail of the medical services in the missions coordinated by the Ilocos Human Rights Advocates (IHRA), an alliance of concerned individuals working for the respect and protection of collective and basic rights of communities in Ilocos Sur from any violations by the military. This, the human rights group supposed, must be the reason why they are being harassed by the military.

The Community Health, Education, Services and Training in the Cordillera Region (CHESTCORE), a private organization promoting community-based approaches and strategies in health care in Northern Luzon, and IHRA were expecting at least 3,000 beneficiaries. The actual turn out was only more than a thousand.

The series of medical and dental missions were held in the militarized barangays of San Tiburcio and Palali Sur in Sta. Lucia, Ilocos Sur last July 7-8. Residents from nearby sitios arrived to avail of the medical services.



Despite the threats, many residents went to the medical mission to avail of much-needed health services.- photo by Reyna Villacarlos

CHESTCORE was assisted by volunteers from Saint Louis University, Department of Health in Region 1 and Medical Outreach Program Mission Foundation, Inc. (MOMFI).

On the actual health mission, alleged military intelligence agents were observed taking pictures of the event and the people without permission.

State of Health

Despite the harassment done by the military against the residents, the health mission still fared well to diagnose the illnesses of the people in the mission areas.

Requested by leaders of Solidarity of Peasants Against Exploitation (STOP-Ex) in Ilocos Sur, most of the beneficiaries came from the poor peasants who have no capacity to buy medicine and pay for the professional fees of doctors.

This, as CHESTCORE put it, reflects the inaccessibility of the government's health care system for the poor masses. There are barangay health clinics, but these lack medical equipment and medicine. There are community health workers, but they lack appropriate training and skills necessary in remote areas.

Most of the time, the communities rely only on traditional midwives using locally produced remedies.

Meanwhile, in the mission held in San Tiburcio, more than 300 patients were diagnosed to have respiratory illnesses. In Palali Sur, almost 700 patients, mostly elementary and high school students, were found to have respiratory diseases, skin allergies and malnutrition.

The medical team also observed that five children are suffering from mental disorders. ❖

Health-Bukidnon program, allies blast GMA

With President Gloria Macapagal-Arroyo getting a fresh six-year term, the people of Bukidnon has another reason to groan.

In a joint statement, Health-Bukidnon, Bukidnon Primary Health Care Advocates and Anakpawis-Bukidnon criticized GMA for her neglect of the people's health. "The poor in Bukidnon had not been remiss in giving GMA the chance to show that she cares for the people. In December 2000, at the height of the oust-Estrada campaign, the people of Bukidnon had a dialogue with then Vice-President Arroyo as regards her prospective programs and policies. But even then, she was equivocal and non-committal when confronted with the need for social guarantees for the survival of the poor," said Dr. Julie Caguiat of Health-Bukidnon. "The distrust and rejection of Arroyo by our people is not based on what she might do in the next six years but on what she has done, and not done, in the years that she has been president." ❖

Medical and dental services mission – bridging the gap in health services

By Olive Lalusis, CHD staff

Medical and dental missions are stop-gap health services we conduct in rural areas and communities. We do this to respond to the immediate health needs in CBHP areas and in areas with people's organization. There are usually health centers in these areas but there are no doctors; hospitals are located kilometers away from the people. And in some hospitals, privatization of services is being implemented.

In Tondo, for example, hundreds of patients came when we conducted a mission last February. There is a public hospital in Tondo, but they have to pay for the consultation. Even in the out-patient department, they have to pay P30 for the card and another amount for the cottons, gauzes, and iodine. During the mission, patients would tell the doctors that they have headaches and cold so they would be given medicines which they would store for later use.

Another telling experience was when we conducted a mission in San Mateo, Rizal in April. One of our patients who had been hit by a car had bruises and was complaining of body pain. When we asked him, he said that he did not go to the hospital because they had no money for the bills; they were just scavengers. Although our doctors treated him and he was given medicines, we still asked him to have an X-ray. He refused because he had no money.

In Calatagan, Batangas, we noted that many of our patients suffered from infected wounds, pulmonary tuberculosis and primary complex. TB is easy to cure, but the anti-TB program of the government requires patients to go to the health center daily for their medicine. How can they go when they do not have the money for their fare? Even if they come up with the fare, many hospitals and centers have no medicine and doctors. How will they be cured? ❖

photos from CHD file

VPHCS conducts 23 medical-dental missions

The Visayas Primary Health Care Services (VPHCS) has provided medical and dental services to more than 4000 patients through the 23 missions it conducted in the province of Bohol from February to May this year. These missions were conducted in coordination with Bayan Muna, Anakpawis and Gabriela partylists. The local government of Bohol also actively supported VPHCS by providing them with personnel from the Rural Health Unit, food and fuel budget for the Bayan Muna mobile clinic.

They got their medicines from different networks and charitable institutions in Bohol, as well as through the New York-based Homereach Foundation. According to Dr. Oliver Gimenez, the chairperson of the foundation told them that many of their members are from the province. Aside from synthetic medicine, they also dispensed homeopathic medicines prepared by the Nagkahiusang Kababayen-an sa Loon. The homeopathic medicine they dispensed included lagundi, garlic, comfrey, law-at, lili tea for hypertension, sugarcane, lomboy for diabetes and wachichao for urinary tract infection. All these medicines were prepared with a local gin. Gimenez said that their patients usually took with them some of their prepared medicine.

VHPCS noted that the top complaints of their patients were upper respiratory tract infection, bronchopneumonia, skin infections, gastritis/hyperacidity, musculoskeletal fatigue and hypertensive cardiovascular diseases.

Medical and dental missions may be stop-gap measures to address the chronic lack of services in the provinces. But for the staff of VPHCS, these missions gave them a sense of fulfillment. "Despite the pressured schedules of that missions, rendering direct services to the people in the communities would be something we cherished. Meeting and knowing municipal health doctors and health personnel with sympathetic attitude is another," said Gimenez.❖

Woes in the Philippines

Economy

The economy posted a 6.4-percent growth rate in the first quarter of the year, but the general trend remains as dismal as before.

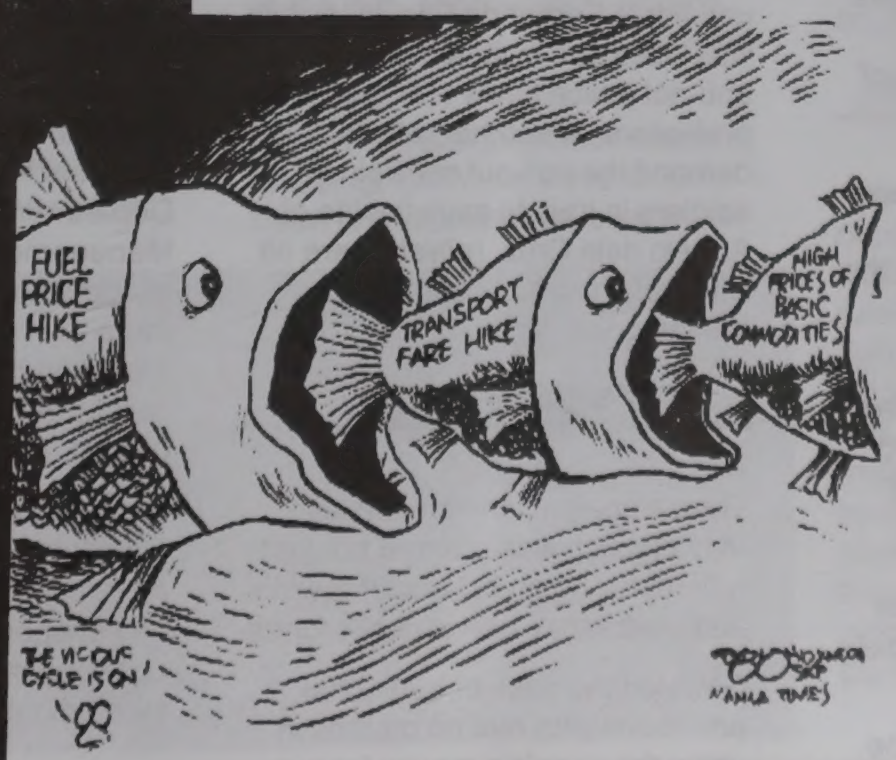
The balance of trade still tilts lopsidedly, with the trade deficit in March alone reaching USD 228 million. In the first quarter of the year, the trade deficit totaled USD 559 million; up by USD 47 million from last year's.

Inflation, or the general rise in prices of basic goods, rose by 4.7 percent as of May. The inflation rate is even expected to hit the five-percent mark in the wake of the spiraling cost of fuel in the world market. Local oil companies are taking advantage of the situation by jacking their prices almost every month to the detriment of the consumers. A study conducted by IBON showed that Petron, Shell and Caltex earned P1.1 billion last year. IBON estimated that the big three, which control nine out of 10 barrels and eight out of 10 gasoline stations, overpriced oil by 91 centavos per liter. In typical fashion, the government even acts as the oil companies' chief apologist. Reacting to calls for the scrapping of the Oil Deregulation Law, Press Secretary Ignacio Bunye labeled the calls as mere overreaction. He added that the prices of oil would have been higher if there is no deregulation.

While oil firms are having a field day, other sectors are not so lucky. The transport group had to lobby real hard to approve their petition for a fare increase. With the transport group becoming more agitated over the unabated rise of oil prices, Malacanang was pressured to grant a P1.50 minimum fare hike. But the fare hike was for naught. Aside from another round of oil price hike, some oil companies like Shell and Seaoil are planning to scrap the P1 to P2.10 per liter discount they give to public utility vehicles.

Workers are also bearing the brunt of a worsening economy. While the prices of basic commodities and services are going up, their salaries and wages remain miniscule. Despite an admission from Malacañang that inflation is making life harder for the people, they remain deaf to the calls for a higher wage. Bayan Muna representatives have filed a bill in Congress calling for a P125 across the board wage increase, but the said bill remains pending up to now due to the influence of businessmen. Earlier this year, the Kilusang Mayo Uno urged the government to grant workers at least P60 wage increase as an urgent relief. "P60 is just enough to augment the amount of wage erosion and the emergency cost of living allowance. We need an urgent wage increase to survive the current economic crisis," said the group. According to KMU chairperson Elmer Labog, the spiraling costs of commodities since 2001 had eroded workers' wages by P36.

The people are also saddled with the country's growing debt.



As of 2002, the country's debt amounted to P5.16 trillion pesos. Administration Senator Ralph Recto, meanwhile, called the debt crisis a "tsunami" that would engulf the nation. The total debt this year is expected to reach P634 billion, up from P542 billion last year.

Human rights

Wanton human rights abuses have been a virtual policy of GMA to silence her critics. Karapatan, a human rights group, said that human right violations (HRV) committed by the Macapagal regime have exceeded the record of ousted President Joseph Estrada. Karapatan's Marie Hilao-Enriquez said that there have been more than 300 political prisoners under Macapagal's regime, more than half of the number of political prisoners during Estrada's term.

In the first half of the year, Karapatan documented 199 cases of killings, 30 cases of forced disappearances and 160 cases of forced evacuation affecting hundreds of thousands of individuals. Human rights workers were themselves victimized by HRVs, with 13 of them slain by the military and the police.

Leaders and supporters of progressive party-list and people's organizations have been hit hard by the government's red-baiting. Bayan Muna lost more than 40 organizers and leaders as the government continues to link the partylist group to the New People's Army.

With the government itself as the country's top human rights violator, cases of HRV victims continue to languish. The killing of human rights activist Eden Marcellana and peasant leader Eddie Gumanoy is a prime example. A year after their murder by the military and CAFGUs, the perpetrators remain scot-free. Worse, the alleged mastermind, Col. Jovito Palparan, was not included in the case. Arroyo even rewarded him by naming him head of the Philippine contingent to Iraq.

Rallies are also being violently dispersed. In one rally staged by supporters of losing presidential candidate Fernando Poe Jr., a child was killed due to suffocation when anti-riot police threw tear gas at the protesters. In another rally to demand the pull-out of Filipino soldiers in Iraq to save the life of Angelo dela Cruz, rallysts were hit with water cannons and truncheons.

Political Madhouse

The campaign period in the last May election was marked not just with mudslinging but brickthrowing and unabashed use of public funds.

GMA led the pack of traditional politicians who had no qualms in using the people's money for her campaign. In a not so subtle campaign gimmick, street sweepers suddenly sprang in the metropolis even before the campaign period started. They wore blue shirts printed with Programang Pangkabuhayan ni President Gloria. She also "distributed" water loaded on trucks painted with Programang Patubig ni Gloria. Not satisfied with these cheap campaigns, she commandeered P1 billion from the funds of OWWA and the Philippine Charity Sweepstakes Office. She used the money to fund her Greater Medical Access, or GMA, Philhealth card. The cards bearing her picture and acronym were valid for a year and were distributed in depressed areas to court the voters.

Bayan Muna, the consistent topnotcher party-list group, was the object of a black propaganda orchestrated by National Security Adviser Norberto Gonzales and the Armed Forces of the Philippines. Without an iota of evidence, Gonzales accused BM of channeling funds to the New People's Army. Gonzales based his accusation on the fact that much of BM's projects were located in remote areas, which he claimed, were NPA strongholds. The tactic backfired as even the Department of Budget and Management pointed out that the allegation was impossible since the three BM representatives merely identified their projects; it was the department itself that released the budget.

In some provinces such as Negros Occidental and Baguio, paid advertisements came out in newspapers tagging BM as a communist front. The red-baiting tactic did not spare the newly-

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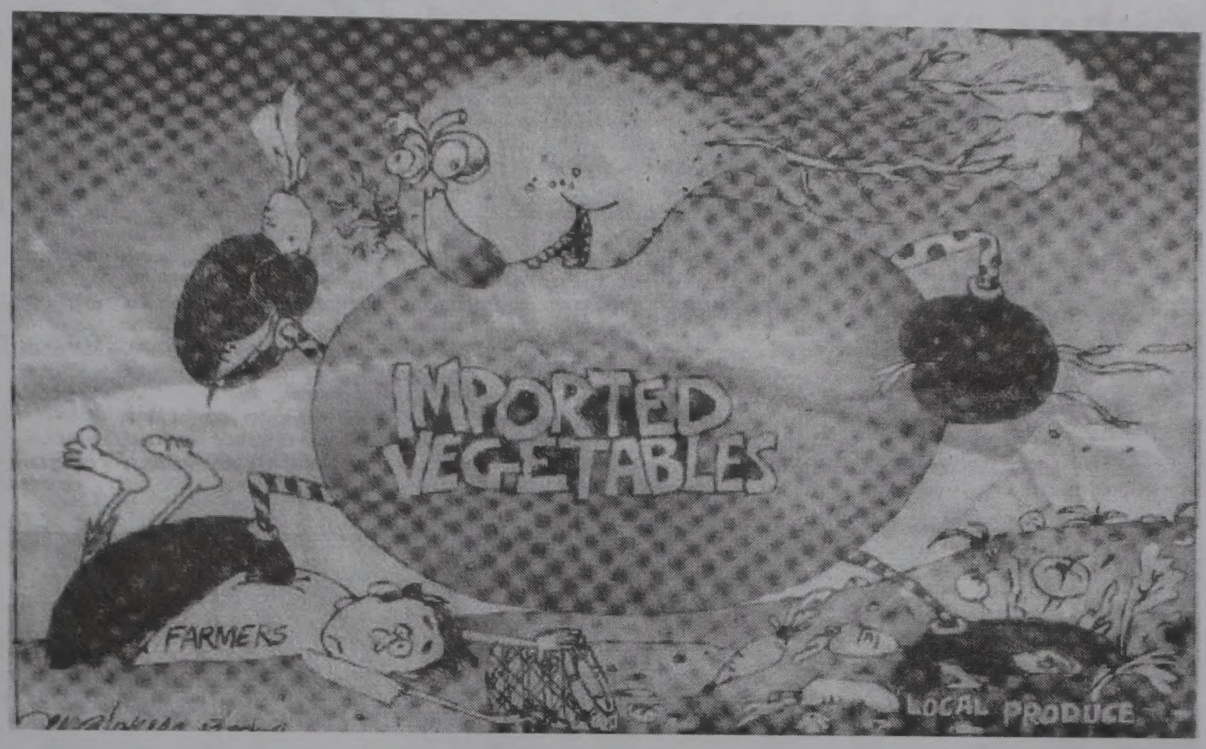
elected governor of Isabela, Grace Padaca. Although a local election, the Isabela case took on a national prominence when Padaca unseated former Governor Faustino Dy Jr. by as much as 40,000 votes. This ended the Dys' stranglehold on Isabela, which they controlled for three decades.

Although given a clear mandate by her constituents, Padaca was not immediately sworn in. Dy launched a black propaganda by accusing Padaca of using the New People's Army to "force" the people to vote for her. With this flimsy basis, he asked the COMELEC to disqualify Padaca. It took some time before Padaca was proclaimed.

The madhouse continued during and after election. Despite spending millions of pesos for the computerized voter's registration, hundreds of thousands of voters were disenfranchised. As the counting started, allegations of vote-shaving and padding cropped up. Cheating also became more sophisticated and expensive, as some corrupt Commission on Elections officials sold Certificate of Canvass (CoC) for more than a million pesos each. The CoCs contain the number of votes per province or municipality.

Patriots, a Movement for Peace, Justice and Good Governance documented cases of widespread cheating. This involved the use of the military and the police to engage in partisan politics. In Mindanao, military personnel sat as Bureau of Elections Inspectors.



In a conference called by Patriots, losing senatorial candidate Frank Chavez presented proofs of massive cheating committed by the administration. He said that at Sultan Naga Dimaporo in Lanao del Norte, the registered voters numbered 20,000 but the town only has 8,000 residents. In Iloilo, tampered Statement of Votes (SOVs) from three precints contained the same number of votes for the first 11 senatorial candidates in the lists. Meanwhile in Negros, SOVs from some precints bore the same handwriting.

With all the allegations of massive cheating, GMA may have received a fresh term but she has clearly lost all moral high grounds to lead the country.

Even in the hotly contested party list election, progressive parties have been victimized by vote-padding and shaving.

Suara Bangsamoro, a party-list representing the Muslims, alleged that their votes have been shaved and added to another party-list. They cited the case at Datu Montawal in Maguindanao, where they received 2,499 votes. But in the certificate of canvass (CoC), they only had 610 votes. Another party-list, Anak Mindanao, had an actual vote of 1,477 but the CoC showed an additional 1,000 votes.

Agriculture

After 17 years of legal battle, coconut farmers earned a partial victory,when the Sandiganbayan ruled that the 27 percent share of San Miguel Corporation stocks belong to the government. The block was originally held by 14 companies under the Coconut Industry Investment Fund. The anti-graft court, however, is yet to decide on the ownership of another 20-percent block held by SMC chairperson Danding Cojuangco

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APIRD
Advocacy, Public Information, Research & Documentation

Etel Dionisio Sr. Mary Grenough Ross Mayor

Tambalan is the bi-annual newsletter of the Council for Health and Development. We welcome comments and suggestions from the readers.
e-mail: chd@pacific.net.ph

cbhp profile:

HELP-Panay

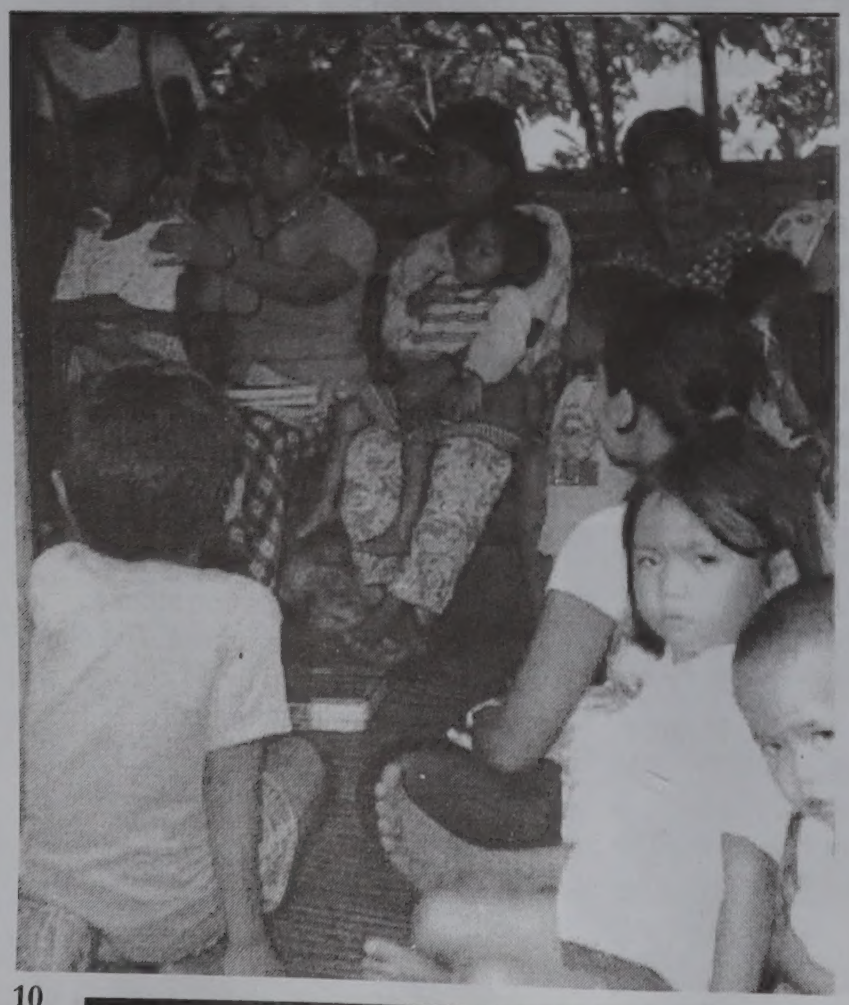
Aptly named HELP – Panay, or the Health, Education and Services for the Less Privileged, the community-based health program has been extending valuable assistance to the impoverished people of Panay Island.

In 1991, a measles epidemic struck a barrio in the island. Hundreds of residents, mostly children, died without ever receiving medical assistance from the government. It was a tragedy alright, but for a group of concerned health professionals, they turned that tragedy into a story of triumph of the people. It was the seed from which HELP-Panay bloomed.

The program received its Securities and Exchange Commission registration in 1993, and two years after, it joined the Council for Health and Development. In its eleven years of operation, HELP-Panay has conducted medical missions in the provinces of Iloilo, Capiz and Antique. It also actively joins fact finding and environmental investigation missions, as well as relief distribution operations in partnership with other non-government organizations. The program offers dental and medical consultations (western and traditional) in its office in Iloilo City. Like other CBHPs, HELP-Panay maintains its own network of health professionals who either give a huge discount or waive their professional fees to patients referred by the program.

> *The people of the island can always expect HELP – Panay to live up to its name.*

In terms of community health organizing, it has been instrumental in the formation of Ang Katilingban Para sa Ikaayong Lawas sa Osorio II (KILO II) in 1995. Since then, Kilo II has been actively helping HELP-Panay in implementing health programs in the town of Osorio II, San Remigio, Antique. Together with KILO II and Teres Des Hommes -Netherlands, the program has been implementing the KILO II Feeding and Daycare Development Center (KFDDC) for the past three years. At the center, residents receive free medical consultations, herbal medicine making and health trainings and daycare and feeding service. They also have an anti-tuberculosis program which they expanded to include the nearby barangay of Cabunga-an.



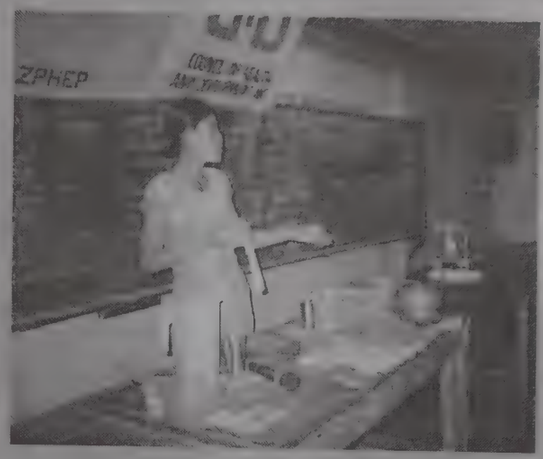
HELP-Panay also strengthened its networking and organizing work with the formation of HELP-Panay Volunteer's Group in 1999. The group currently has 88 members who help the program in conducting fact-finding or medical missions and in resource generation. Many of their volunteers are health science students from different colleges and universities in Iloilo City.

HELP-Panay's operation is never smooth sailing. One of its perennial problems is the lack of finances since it has no permanent source of funding. Because of this, it cannot hire additional staff. Another pressing problem is the red-baiting and black propaganda of the government. In one of their medical missions, the barangay captain refused to let them in because of the communist hysteria, but he was forced to allow the mission since the people themselves were insisting.

Despite the problems, the program never wavers in its commitment to provide services to the marginalized people of Panay Island. The people of the island can always expect HELP – Panay to live up to its name. ❖

Pharma holds trainings

As part of CHD Pharmacy's thrust to make essential medicines readily available to the people, it actively conducted trainings on rational drug use, botica management and herbal medicine processings. Ten trainings were conducted for the past seven months, with a total of 199 participants. Four community pharmacies have been set up in barangays San Isidro, Moonwalk, Sun Valley and San Antonio in Parañaque. ❖



The trainings included inputs and actual preparation of herbal medicine.

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The 47-percent block is being claimed by the government and coconut farmers who argued that the shares were bought using the coconut levy imposed on farmers at the height of Martial Law.

Coconut farmers, however, are still in for another lengthy legal battle as the defendants can elevate the case to the Supreme Court.

The agriculture sector, meanwhile, posted an 8.2-percent increase in output in the first quarter of the year, but its effect is hardly felt by farmers and raisers. The noose is even tightening on the sector as unhampered globalization leads to the influx of cheaper produce and meat products. Poultry raisers are facing stiffer competition since the government will allow the importation of ten million kilos of chicken. The government said that the move will stem the rising cost of chicken, but the raisers said that they were not consulted. They added that the cost of local chicken is higher due to the spiraling costs of feeds.

In May, farmers from Benguet protested the issuance of 207 permits for the importation of more than 5,000 kilograms of assorted vegetables.

Charter Change

Barely warming their seats, pro-charter change (cha-cha) officials revived the move to amend the 17-year old constitution. Thinking that mere cosmetic changes would turn the country around, proponents of cha-cha said that changing the constitution would make the country more competitive in a globalized world.

As far as GMA is concerned, cha-cha is a now-or-never issue. Changing the form of government from presidential to parliamentary-federal was one of GMA's campaign promise. Speaker Jose de Venecia even went to the extent of suggesting to GMA that she could both be the president and the prime minister under a presidential-parliamentary form of government. ❖

Sources: inq7.net.ph, bulatlat.com, Philippine Star, KMU press statement

Graphics taken from The Manila Times, Pinoy Weekly, Philippine Daily Inquirer

AIDS. A seemingly innocuous word that strikes fear and incites discrimination and antipathy. The pandemic disease has killed millions across the globe and continues to do so until now.

With sex as the primary conduit, it is easier to see AIDS as a result of sexual proclivity; that the patients get what they deserve. But this is a lame argument that does nothing to stem the contagion. Amidst the hysteria, the predisposing factors for its spread have been eclipsed; overshadowed by misconception and plain ignorance.

To confront AIDS, we must also confront the factors that make AIDS one of the greatest threats to global public health. And we must also confront our own bias in order to understand the socio-economic and political factors behind its spread.

Starting this issue, Tambalan will come out with articles that will give a holistic discussion on AIDS. We hope that these articles will help health workers and advocates put AIDS discussion in a proper context - one that does not only focus on the disease itself, but one that also delves into its social pathology. This issue will cover the basic information on HIV/AIDS.

Understanding HIV/AIDS

Human Immuno Virus / Acquired Immine Deficiency Syndrome

Where did HIV come from?

At the 6th Conference on Retroviruses and Opportunistic Infection, evidences suggesting that the virus came from a specie of chimpanzee were presented. The virus probably infected humans through blood contact that may have occurred during hunting and field dressing of the animal. In 1979, doctors at New York and Los Angeles were baffled by cases of rare types of pneumonia, cancer and other illnesses. These diseases were not found in persons with normal immune systems. In 1982, the CDC named it as AIDS, while the virus causing the disease was identified in 1984.

What is HIV/AIDS?

Human Immuno Virus (HIV) is the virus that causes AIDS, or Acquired Immune Deficiency Syndrome. Persons living with HIV/AIDS have a weakened immune system that makes them easily susceptible to different diseases and the so-called opportunistic infections.

Testing positive for HIV does not mean that one has full blown AIDS. A diagnosis is made when an HIV-positive person develops AIDS indicator illnesses, as defined by the Centers for Disease Control (CDC) AIDS Case Definition, or based on the results of certain blood tests such as the CD4 count. According to the CDC, there is an eight- to 11-year period before the HIV infection develops into a full blown diagnosis.

How is HIV transmitted?

It is transmitted through blood, which contains the highest virus concentration; semen, vaginal secretions and breast milk. A person may contract HIV through unprotected sex, direct blood contact (ex., sharing infected needles, blood transfusion), and from mother to baby.

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This study, entitled "Health Profile of Communities Living Near Corporate Gold Mining Operations in Mankayan, Benguet Province (Preliminary Findings of an Environmental and Occupational Hazard Assessment)" won the top plum in the Department of Health's Poster Exhibit Contest. The author of the research is Dr. Ana Marie Leung, CHESTCORE executive director. She is also the chairperson of St. Louis University's Department of Preventive and Community Medicine and the spokesperson of the Save the Abra River Movement.

Mining is one of the industries that drive Benguet's economy, but its environmental and health impacts far outweigh its economic benefits. A study conducted by Dr. Ana Marie Leung provided an overview of the environmental and health hazards of the operations of the Lepanto Consolidated Mining Company.

Environmental and health hazards

The tributaries of the Abra River comprise Lepanto's mine waste disposal system. Residents living along the river have complained that the operations of Lepanto result in various ailments and the destruction of the ecosystem, which also affects their livelihood. An earlier study conducted by the Save the Abra River Movement (SARM) showed that soil and water samples taken from various river sites contained high concentration of lead, mercury, cyanide and other heavy metals. The new study aimed to correlate the symptoms experienced by residents to the presence of toxic chemicals in the river.

Since the Abra River flows downstream to Ilocos Sur and Abra, the study also included the town of Camay in Cervantes, Ilocos Sur, as well as barangays Paalaban and Cabitin in Mankayan, Benguet.

Of the 788 residents interviewed, the top five common health complaints were cough, nasal irritation, skin irritations, eye irritations and vomiting. These were the symptoms they experienced in relation to mine drainage exposure, the primary mode of which is through inhalation.

"The symptoms reported by the residents are compatible with known acute and chronic effects of lead, mercury and cyanide... The residents of Paalaban are most at risk for developing symptoms related to these elevated level of toxic chemicals since they live nearest the company mill outlet," said the report. It pointed out, however, that the symptoms were not strictly specific to toxic chemical exposure.

Incidences of goiter, a sign of cyanide poisoning, and malnutrition were also looked into. Malnutrition was included since it makes children more susceptible to heavy metal poisoning, especially arsenic.

Cabitin and Camay posted a goiter incidence of 8.90 percent and 9.60 percent respectively. These were higher than the 8.4 percent rate for the whole Cordillera region.

With regards to wasting and stunting among children aged 0 to six years, the rates in the three barangays were higher than the rate for the region. The problem is particularly troublesome in Camay since the SARM study showed that its soil contained high levels of arsenic.

Occupational health hazards

The occupational hazard assessment involved 88 workers of Lepanto, six of whom are retired. Of the respondents, only 23 were not involved in any accident. The most prevalent injury was laceration, followed by crushing injury. The top cause of injury was rock/timber fall. It is noteworthy that a 1997 study of underground mining in Itogon, Benguet also identified falling objects as the leading cause of injury.

With regards to work-associated symptoms, the most prevalent were phlegm production, joint pain, eye irritation, headache, dyspnea and dizziness. There were also high incidences of hypertension and perforated eardrums.

The findings were consistent with the work hazards identified by the workers themselves.

The high incidences of phlegm production and dyspnea were attributed to exposure to dust, fumes and other

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inhaled particles. The workers, in particular, complained about the diesel fumes from the trucks they use underground.

High noise level exceeding 85 to 90 decibels is another concern. One hoistman developed hearing loss on his right ear due to prolonged exposure to fan and cooling motors of the hoist mechanism. The motors were located on his right side.

Leung's study is a preliminary assessment, but the overview it provides should prompt officials to take a closer look, not just at the operation of Lepanto, but the whole mining sector in general.

Workers at Level 700 frequently report heat exhaustion. Even surface workers complained of prolonged exposure to the sun's heat.

Vibration from the equipments used affect the workers' musculoskeletal system. Thirty-one percent of workers complained of hand numbness due to the operation of hand-held machineries.

Compounding the workers' musculoskeletal complaints are ergonomic stresses caused by heavy lifting and prolonged awkward position.

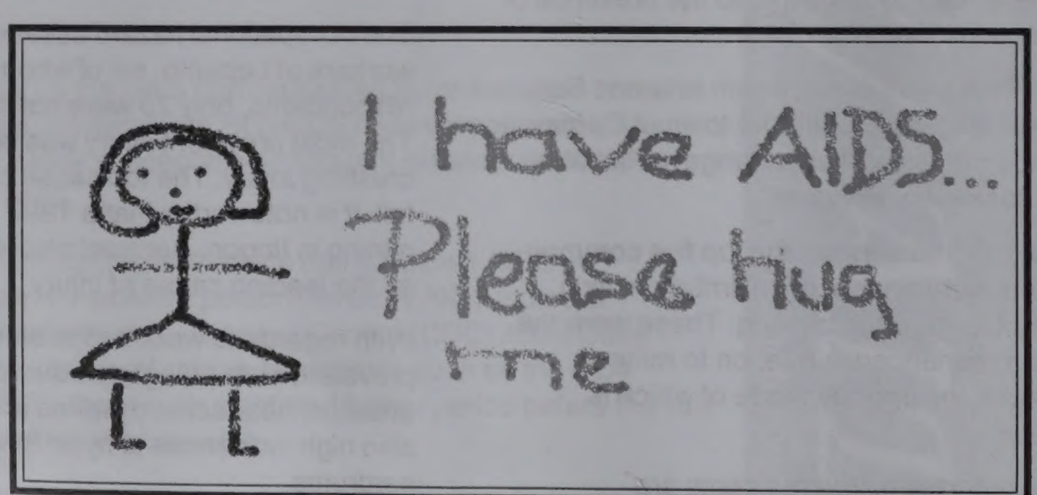
Despite the hazards faced by the workers, Lepanto's occupational safety standard is wanting. They reported that safety equipment such as ear plugs and cartridge replacement for respirators are often out of stock. To protect themselves from dust, workers make do with towels or clothes to cover their noses. Smelting workers have no reflective clothing and their rubber boots do not offer ample protection against metal spillage.

Some of the workers observed that their supervisors asked them not to report their injuries so these would not reflect on the official record. Those who have been hospitalized were asked to sign the time-in record.

Leung's study is a preliminary assessment, but the overview it provides should prompt officials to take a closer look, not just at the operation of Lepanto, but the whole mining sector in general. ❖

...understanding aids

A popular myth is that the virus can be transmitted through casual contact, such as using a patient's utensils, or through kissing. On the contrary, the virus is not transmitted through casual contacts such as hugging and kissing. The HIV virus does not live long outside the body, and neither is it airborne nor food borne. Experts also said that the virus is not transmitted through saliva, sweat, tears, feces and urine.



Although saliva is not a conduit and social kissing does not pose a risk, experts cautioned against open-mouth and wet kissing since there is a very low possibility of transmission. So far, only one case of wet-kissing transmission has been identified by the CDC. Both partners had extensive dental problems, making the possibility of blood to blood contact highly likely.

What are the symptoms of HIV & AIDS?

Looking for the symptoms alone will not show anything conclusive since HIV infection has no distinct symptoms. Some newly HIV-infected persons develop flu-like symptoms such as fever, chills, night sweat and rashes; weight loss; diarrhea; chronic cough; and swollen lymph glands. Others do not exhibit the symptoms, or the symptoms were so mild that they hardly noticed it. The best way is to undergo HIV infection testing when one has been possibly exposed to the virus.

AIDS also has no distinct symptoms, but people living with AIDS may experience opportunistic infections. The CDC has an AIDS Case Definition that lists the more severe infections, diseases and symptoms exhibited by patients with full-blown AIDS.

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...mental health fr page 2

Such harassments not only demoralize the staff and CHWs, these also hamper the conduct of CBHP work. Some of the programs have ceased operation due to intense militarization and threats to staff and CHWs.

State of mental health in distress

The World Health Organization holds governments responsible for the mental health care of its people. But the government has been shunning this responsibility. The government's neglect of the people's mental health is evident in its lack of a clear cut policy on mental health - a reality that is not totally new since the government has been completely remiss in its obligation to the people when it comes to health.

Despite the gravity of the situation, there are only 322 practicing psychiatrists in the country. According to the PCHRD, "The doctor ratio is 1:9:562. It would take 1.5 years for psychiatrist to talk for 10 minutes each to his or her 9,652 patients, with the psychiatrist spending 4 clinic hours a day, 5 days a week."

In a move that further validates the people's notion that the government is indeed a basket case, officials tried anew to close the National Center for Mental Health and sell the property where it is located to developers. Only the timely concerted action of the people prevented the government from pushing through with its plan.

Delving on the patients' minds alone is not enough; more importantly, we have to confront the warped socio-economic and political conditions that make life miserable for majority of the population.

Like tuberculosis, the worsening mental health condition of the people is indicative of societal problems besetting the country. Mental health experts said that those belonging to the lower income bracket are more prone to mental distress. This is hardly surprising since they are the ones who always have to worry about their basic needs. With the continuing commercialization of health care, they also do not have the means to seek help or buy medicines for their conditions.

A person's state of mind is often the sum of all the external stimuli he or she has been subjected to. Improving the people's mental health is a gargantuan task that requires strong political will. Delving on the patients' minds alone is not enough; more importantly, we have to confront the warped socio-economic and political conditions that make life miserable for majority of the population. ❖

Sources: CRC website, inq7.net.ph, pchrd.dost.gov.ph. Cover story graphic from www.familypoet.com

...understanding aids fr page 14

Is there a cure for AIDS?

There is no cure for AIDS yet, but anti-retroviral drugs are now available. These medicines help keep HIV infection from developing into a full-blown AIDS. These medicines, however, are quite expensive.

How do I protect myself from AIDS?

Abstinence from sex is one fool-proof way, but is also the hardest to do. If abstinence is not possible, be faithful to your partner and always practice safe sex.

Transmission through contaminated blood can be avoided by staying away from illegal drugs, especially the injectable type. If you are taking injectable medicines, never share used needles and syringes with anybody.

If a blood transfusion is needed, make sure that the donated blood is screened for HIV and other diseases.

For health workers, always wear gloves and masks when handling bodily fluid, syringes, needles, and medical equipment. ❖

Sources: www.unaids.com; www.who.org; www.cdc.gov; Choose Life, Fight AIDS published by the Health Action Information Network

---advocacy training from page 3

"a method of disseminating issues that have been critically analyzed using the people's concrete experiences. It aims to raise the people's awareness so they could act collectively to address the issue and to effect meaningful changes."

During the training, inputs were given on public speaking, writing, conducting an advocacy campaign, and media work and lobbying. Participants were grouped in three for the workshops where they apply the inputs given to them. These were enriching experiences as the groups were able to come up with skits for public speaking, a letter to the editor that they collectively edited, and scripts for comics.

The participants came from different organizations such as CHD, HAIN, Community Medicine Development Foundation, SFDM-Pintig, Feed the Children, Bayan Muna - Sta. Ana, Alliance of Health Workers, and Health Students Alert. ❖

Aloe preparation

by Rene Manangan, CHD pharmacist

Aloe vera can be processed as medicine either in dried juice from leaves or as fresh leaves material. The most common forms are capsule, ointment and cosmetics.

Preparation:

1. aloe vera capsule – dried material

Wash aloe vera leaves thoroughly and cut in an inch size. The cut pieces should be dried under direct sunlight until ready to be powdered. The powder should be fine before filling the empty capsule (size #1-equivalent to 250mg).

Dosage, if to be used as a laxative: 1 capsule three times a day.

2. Aloe vera topical ointment

Fill one glass with dried aloe leaves, add equivalent amount of cooking oil and heat the mixture in low flame until the color of oil changes and the aloe vera leaves hardened. Pass the mixture in a clean strainer to remove impurities. Mix one glass of the oil with one glass of chapped white candle. Let the candle melt in low flame, then pour the mixture in the desired container. Let the mixture cool down and replace the cover.

Dosage (for burns): apply the ointment to the affected area three times a day.

3. Aloe vera juice

Wash fresh leaves of aloe vera and extract its gel. Mix the gel with desired flavorant like juice and drink.

Dosage: Drink ½ glass of the juice three times a day.

4. Aloe vera gel for falling hair

Extract the latex/gel from fresh leaf and apply directly to the scalp or dilute with water and apply to the head.

Precaution

Aloe should not be given orally to those with intestinal obstruction; those with Crohn's disease, ulcerative colitis, appendicitis, or abdominal pain of unknown origin; those who are pregnant; and children younger than 12.

References

1. Springhouse Corporation, Nursing Herbal Medicine Handbook, Springhouse, Pennsylvania, 2001, pp26-27

2. PITAHC, Manwal sa paghahanda ng mga halamang gamot, DOH-Manila

3. Tuazon Community Center Foundation, Manwal para sa Manggagawang Pangkalusugan sa Komunidad, Metro Manila Philippines, 1995

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